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STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
RETAIL TOBACCO LICENSE APPLICATION
(PLEASE PRINT AND COMPLETE BOTH SIDES)

1 LICENSE CATEGORY *(check one)*
☐ NEW ☐ RENEWAL ☐ CHANGE OF OWNERSHIP ☐ REINSTATEMENT ☐ DUPLICATE

2 *LICENSE TYPE *(check one)*
☐ RETAIL TOBACCO I ☐ RETAIL TOBACCO II ☐ RETAIL TOBACCO III
☐ SEASONAL FAIR VENDING ☐ VENDING MACHINE
**SEE FEE SCHEDULE FOR TYPE EXPLANATION*

3 ESTABLISHMENT INFORMATION
 ESTABLISHMENT NAME: (d/b/a) _____
 LOCATION ADDRESS: (SUITE, APT.) _____
 LOCATION ADDRESS: (STREET, ROAD) _____
 CITY/TOWN: _____
 STATE: ____ ZIP: ____ - ____
 CONTACT PERSON'S NAME: _____
 TELEPHONE #: (____) ____ - ____ FAX #: (____) ____ -- ____
 E-MAIL: _____

4 BUSINESS OWNER INFORMATION
 CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL OWNER(S) NAME: _____
 IF CORPORATION, PLEASE INDICATE NUMBER OF SHAREHOLDERS: _____
 MAILING ADDRESS: (SUITE, APT., BOX) _____
 MAILING ADDRESS: (STREET, ROAD) _____
 CITY/TOWN: _____ STATE: ____ ZIP: ____ - ____
 OWNER CONTACT PERSON'S NAME: _____
 OWNER PHONE # (____) ____ - ____ OWNER FAX# (____) ____ - ____
 E-MAIL: _____

5 MAILING ADDRESS FOR LICENSES & RENEWAL NOTICES
 ADDRESS NAME: _____
 MAILING ADDRESS: (SUITE, APT, BOX) _____
 MAILING ADDRESS: (STREET, ROAD) _____
 CITY/TOWN: _____ STATE: ____ ZIP: ____ - ____

6 PREVIOUS OWNER'S INFORMATION *(complete if this business location previously had an active retail tobacco license)*
 FORMER BUSINESS'S NAME: _____ RETAIL TOBACCO LICENSE#: ____
 FORMER OWNER'S NAME: (LAST) _____ (FIRST) _____
 FORMER CORP./LLC./S NAME _____
 MAILING ADDRESS:(STREET) _____ (CITY) _____ (ZIP) _____
 LOCATION ADDRESS: (STREET) _____ (CITY) _____

IMPORTANT
Please be advised that Maine law, 22 MRSA § 1553 requires prior owners to return their licenses to the Department with a sworn statement showing the name and address of the purchaser. Transferred licenses that have not been received by the Department may delay the processing of this license application.

PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS APPLICATION
 SEE ATTACHED FEE SCHEDULE & MAIL FEE WITH COMPLETED APPLICATION FOR PROCESSING
 LICENSE WILL BE VALID FOR ONE YEAR UNLESS SUSPENDED OR REVOKED

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HHE 609 REVISED 02/6/09

{ } CAMPGROUND	{ } MOBILE SALES <i>(separate license required for each location even in the same town)</i>
{ } CONVENIENCE STORE	{ } PHARMACY
{ } CONVENIENCE STORE WITH GAS	{ } RESTAURANT
{ } COUNTRY STORE	{ } SAMPLING <i>(separate license required for each venue)</i>
{ } DELIVERY SALES (Internet/ Mail Order) <i>(must complete Section 11)</i>	{ } SUPERMARKET/GROCERY STORE
{ } FRATERNAL, VETERANS, or PRIVATE CLUB	{ } SEASONAL FAIR VENDING <i>(attach list of each fair, location, and dates)</i>
	{ } TOBACCO SPECIALTY STORE <i>(at least 60% gross tobacco sales)</i>
	Indicate size of store in square feet: _____
{ } GAS STATION	{ } VENDING MACHINE(<i>(separate license for each machine at each location)</i>
{ } GENERAL MERCHANDISE	<i>(must complete Section 10)</i>
{ } GIFT SHOP	{ } OTHER: _____
{ } LOUNGE <i>(must complete Section 8)</i>	Example: adult book store.

() BED & BREAKFAST () BOTILE CLUB * () CLASS A LOUNGE * (CLASS X) () HOTEL LOUNGE* (CLASS I OR IA)
() PRIVATE CLUB () RESTAURANT LOUNGE (CLASS XI) () TAVERN* (CLASS IV) () OTHER _____

(*) indicates minors are prohibited unless accompanied by a parent or guardian

() SEASONAL (if seasonal, must complete)
From (month) _____ To (month) _____

() OPEN 24 HOURS/ 7 DAYS

() OPEN 24 HOURS (please enter closed days)

SUNDAY	_____	_____
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____

VENDING MACHINE LOCATION'S BUSINESS NAME: _____

BUSINESS ADDRESS (ACTUAL LOCATION) STREET: _____

CITY/TOWN _____ ZIP: _____

DELIVERY SELLER'S NAME: _____

WAREHOUSE LOCATION (STREET) _____

Warehouse location address indicates location from which products are shipped

TOWN/ CITY: _____ STATE: _____ ZIP: _____

(NAME) _____ (TITLE) _____ (ADDRESS) _____

(NAME) _____ (TITLE) _____ (ADDRESS) _____

(NAME) _____ (TITLE) _____ (ADDRESS) _____

This application must be signed and dated by the owner, managing partner, or any other person authorized to sign on behalf of the owner, or if corporation by registered agent.

Date _____

Any attempt to deceive public officials by making false statements in this document is a Class D Crime (17-A MRSA§453))

Please make check or money order payable to **"TREASURER, STATE OF MAINE"**

Mail application and fee to: **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

HEALTH INSPECTION PROGRAM.

11 STATE HOUSE STATION.

AUGUSTA, MAINE 04333-0011

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAINE CENTER FOR DISEASE CONTROL AND PREVENTION
DIVISION OF ENVIRONMENTAL HEALTH
HEALTH INSPECTION PROGRAM

*Fee Schedule for Retail Tobacco License Application

Table 3A Retail Tobacco License Fees	
LICENSE TYPE	FEE
Retail Tobacco I < 30% annual gross revenue from total cigarette tobacco sales	\$100
Retail Tobacco II > or = 30-50% of annual gross revenue from total cigarette tobacco sales	\$125
Retail Tobacco III > 50% of annual gross revenue from total cigarette tobacco sales	\$150
Seasonal Mobile Tobacco Vendor License	\$50 for the first fair location + \$10 for each additional fair location
Tobacco Vending Machine	\$50 per machine

* *FROM RULES RELATING TO THE SALE AND DELIVERY OF TOBACCO PRODUCTS IN MAINE*

10-144 Chapter 203

Section 3. A.1. Application and fees.

Please Make Check or Money Order Payable to “Treasurer, State of Maine”

And Mail Correct Fee With Completed Application to:

Department of Health and Human Services
Health Inspection Program,
11 State House Station
Augusta ME 04333-0011